

The Honorable Robert S. Lasnik

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

UNITED STATES OF AMERICA, *et al.*  
*ex rel.* SCEF, LLC, *et al.*,

Plaintiff,

v.

ASTRAZENECA PLC, *et al.*,

Defendants.

No. 2:17-cv-01328-RSL

**SUPPLEMENTAL DECLARATION  
OF TANA LIN IN SUPPORT OF  
RELATORS' RESPONSE TO THE  
UNITED STATES' MOTION TO  
DISMISS RELATORS' COMPLAINT**

I, Tana Lin, declare as follows:

1. I am a Partner with the law firm Keller Rohrbach L.L.P., and I am one of the attorneys personally involved in this Action. I submit this supplemental declaration in support of Relators' Response to United States' Motion to Dismiss Relators' Complaint based on personal knowledge, and I am competent to testify to the matters set forth herein.

2. **Exhibit 1** hereto is a true and correct copy of the Amended Transcript of Motion Hearing from the hearing on the United States' Motion to Dismiss in *United States ex rel. CIMZNHCA, LLC v. UCB, Inc. et al.*, No. 17-765 (S.D. Ill. Mar. 29, 2019), Dkt. # 81, during which the United States confirmed that it had conducted a collective investigation of the eleven

1 cases and had not conducted a cost-benefit analysis to assess what any specific case would cost  
2 the Government to litigate versus the potential recovery for that case:

3 Excerpt 1:

4 The Court: [L]et's just see if I can – if we can cut to the chase and we can move  
5 on. The Government's investigation was more, for the most part, a collective  
6 investigation of all 11 cases that this Relator has filed. And in terms of the  
7 specific investigation that the Government conducted in this case as it relates to a  
8 cost-benefit analysis, in other words, an assessment as to what this case would  
cost the Government versus what the potential recovery would be in this case,  
there was no specific analysis done on that basis.

9 Mr. Stump [The Government]: I think that's correct, Your Honor.

10 *Id.* at 39:3-13

11 Excerpt 2:

12 The Court: Okay. Let me ask a different question: Mr. Stump, what was the  
13 Government's assessment of the costs associated with these claims moving forward?

14 Mr. Stump: You mean, what was the number?

15 The Court: Yeah. What did you determine –

16 Mr. Stump: I do not have a number for you, Your Honor. I do not have a number –

17 The Court: Did the Government come up with a number?

18 Mr. Stump: I did not – I, personally did not come up with a number.

19 The Court: Did you know if anybody in the Government came up with a number or a  
20 range?

21 Mr. Stump: I do not know the answer to that question as it pertains to this specific case.

22 *Id.* at 34:19-35:8.

23 Excerpt 3:

24 The Court: I'm asking you, specifically, the Government has not assessed the  
25 potential recovery value of the claims in this specific case –

26 Mr. Stump: We didn't –

1 The Court: -- is that correct?

2 Mr. Stump: We did not calculate a number.

3 *Id.* at 43:15-20.

4 3. **Exhibit 2** hereto is a true and correct copy of the Transcript of Motion Hearing  
 5 from the hearing on the United States' Motion to Dismiss in *United States ex rel. Health Choice*  
 6 *Alliance, LLC v. Eli Lilly & Co. Inc. et al.*, No. 17-123 (E.D. Tex. Apr. 24, 2019), Dkt. # 236,  
 7 during which the United States admitted Relator's organization's investigations have produced  
 8 concrete results for the Government. James Gillingham, an Assistant U.S. Attorney for the  
 9 Eastern District of Texas, stated: "[t]here have been a number of cases brought by his [Relator's]  
 10 organizations that have gone forward that have either allowed the Government to intervene and  
 11 obtain a verdict or maybe a decline case where he's able to get a settlement." *Id.* at 63:2-5.

12 4. **Exhibit 3** hereto is a true and correct copy of the publicly available 2014  
 13 ProPublica reports for Brilinta, Bydureon, and Symbicort referenced in Paragraphs 81, 83, and  
 14 85 of Relators' Complaint (Dkt. # 1). I provided a copy of these reports to the Government as an  
 15 exhibit to Relators' Preliminary Disclosure packet. The Complaint asserts that in just the two-  
 16 year period between 2014 and 2015, spending from Medicare Part D for these three drugs totaled  
 17 nearly \$2.5 billion. *Id.* ¶¶ 81, 83, 85. The ProPublica reports also reflect that:

18 A. In the three years from the time AstraZeneca launched its nurse educator  
 19 programs in approximately 2012 to 2015, Medicare Part D spending increased

20 (a) nearly sixteen-fold from \$8.08 million to \$129 million for Brilinta;

21 (b) nearly sevenfold from \$13 million to \$83 million for Bydureon; and

22 (c) over twofold from \$500 million to \$1.2 billion for Symbicort.

23 B. Between 2012 and 2015, spending from Medicare Part D for these three drugs  
 24 totaled nearly \$3.8 billion with

1 (a) \$250.3 million spent on Brilinta;

2 (b) \$251.1 million spent on Bydureon; and

3 (c) \$3.3 billion spent on Symbicort.

4 I declare under penalty of perjury under the laws of the United States of America that the  
5 foregoing is true and correct.

6 Executed this 30th day of September 2019, in Seattle, Washington.

7  
8 s/ Tana Lin

9 Tana Lin  
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# EXHIBIT 1

## Transcript Excerpt(s)

1 UNITED STATES OF AMERICA  
2 SOUTHERN DISTRICT OF ILLINOIS

3 UNITED STATES OF AMERICA, et al. )  
4 ex rel. CIMZNHCA, LLC, )  
5 Plaintiff, ) No. 3:17-cv-00765-SMY  
6 v. )  
7 UCB, INC.; RXC ACQUISITION COMPANY ) EAST ST. LOUIS, IL  
8 d/b/a RX CROSSROADS; OMNICARE, INC.)  
9 and CVS HEALTH CORPORATION, )  
10 Defendants. )

11 **AMENDED** TRANSCRIPT  
12 OF MOTION HEARING

13 BEFORE THE HONORABLE STACI M. YANDLE  
14 UNITED STATES DISTRICT JUDGE

15 March 29, 2019

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21 REPORTED BY: Christine Dohack LaBuwi, RDR, RMR  
22 Official Court Reporter  
23 301 West Main Street  
24 Benton, Illinois 62812  
25 (618) 439-7725  
Christine\_Dohack@ilsd.uscourts.gov

Proceedings recorded by mechanical stenography, produced  
by computer-aided transcription.

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APPEARANCES:

FOR PLAINTIFF USA:

Nathan D. Stump, Esq.  
OFFICE OF THE U.S. ATTORNEY  
9 Executive Drive, Suite 300  
Fairview Heights, IL 62208  
(618) 628-3700  
Nathan.Stump@usdoj.gov  
Also Present: Donna Gerdes, Paralegal

Richard D. Burke, Esq.  
QUANTUM LEGAL, LLC  
1010 Market Street, Suite 1310  
St. Louis, MO 63101  
(314) 433-4500  
richard@qulegal.com

Albert Pilavin Mayer, Esq.  
US-DOJ - WASHINGTON, DC - BOX 261  
P.O. Box 261  
Ben Franklin Station  
Washington, DC 20044  
(202) 353-1291  
albert.p.mayer@usdoj.gov

FOR PLAINTIFF CIMZNHCA, LLC:

C. Lance Gould, Esq.  
Leslie L. Pescia, Esq.  
BEASLEY ALLEN LAW FIRM  
218 Commerce Street  
Montgomery, AL 36104  
(334) 269-2343  
lance.gould@beasleyallen.com  
leslie.pescia@beasleyallen.com

Also present: John Mininno

FOR DEFENDANT UCB, INC.:

W. Jason Rankin, Esq.  
HEPLER BROOM, LLC  
130 N. Main Street  
Edwardsville, IL 62025-0510  
(618) 307-1138  
wjr@heplerbroom.com

1  
2 FOR DEFENDANT RXC ACQUISITION COMPANY:

3 Neil G. Nandi, Esq.  
4 SIDLEY AUSTIN LLP  
5 One South Dearborn Street  
6 Chicago, IL 60603  
7 (312) 853-7000  
8 nnandi@sidley.com

9  
10 FOR DEFENDANT OMNICARE, INC.:

11 Julie Fix Meyer, Esq.  
12 Sarah E. Harmon, Esq.  
13 ARMSTRONG TEASDALE LLP  
14 7700 Forsyth Blvd., Suite 1800  
15 St. Louis, MO 63105-1810  
16 (314) 621-5070  
17 jfixmeyer@armstrongteasdale.com  
18 sharmon@armstrongteasdale.com  
19  
20  
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22  
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1 THE COURT: My question is: What did you do?  
2 That's a simple question. What did the Government do?

3 MR. STUMP: Okay, Your Honor. We analyzed the  
4 allegations in the Complaint, considering that they allege  
5 false claims involving hundreds of thousands of  
6 prescriptions of one drug by physicians and providers all  
7 across the nation. So, we considered that. We considered  
8 the guidance that would have to be --

9 THE COURT: Mr. Stump, you're telling me -- we've  
10 already talked about that. I'm asking you specifically as  
11 it relates to a cost-benefit analysis. I know you know  
12 what that means. That means, what did the Government do  
13 to investigate, as part of their investigation, to  
14 determine or assess what the potential proceeds would be  
15 in this case from successful litigation versus the costs  
16 of obtaining that? What did you do?

17 MR. STUMP: We reviewed the allegations in the  
18 Complaint and all the disclosure materials.

19 THE COURT: Okay. Let me ask a different  
20 question: Mr. Stump, what was the Government's assessment  
21 of the costs associated with these claims moving forward?

22 MR. STUMP: You mean, what was the number?

23 THE COURT: Yeah. What did you determine --

24 MR. STUMP: I do not have a number for you, Your  
25 Honor. I do not have a number --

1 THE COURT: Did the Government come up with a  
2 number?

3 MR. STUMP: I did not -- I, personally, did not  
4 come up with a number.

5 THE COURT: Do you know if anybody in the  
6 Government came up with a number or a range?

7 MR. STUMP: I do not know the answer to that  
8 question as it pertains to this specific case.

9 THE COURT: Thank you.

10 MR. STUMP: My understanding is --

11 THE COURT: No. No. That was my question. As it  
12 pertains to this specific case, did the Government as part  
13 of its investigation come up with a range in terms of, if  
14 in fact these allegations were supported and were proven,  
15 what the potential proceeds that would ultimately flow to  
16 the Government. In other words, again, what was the value  
17 -- the potential value of the claims in these cases -- in  
18 this case.

19 MR. STUMP: Your Honor, I believe -- I believe  
20 that was done but I don't have that number to tell you.

21 THE COURT: You believe it was done by whom?

22 MR. STUMP: That would be done by the Department  
23 of Justice in Washington, DC, because this case is a  
24 companion case.

25 THE COURT: No. No. I'm talking about this case.

1 the parties prepare discovery orders even before the  
2 motion to dismiss has been ruled upon. So, as this  
3 litigation is ongoing, there have been discovery orders  
4 that were proposed by NHCA Group in the Eastern District  
5 of Texas that allow for up to 350 hours of deposition  
6 testimony from Government witnesses in each case. So,  
7 it's -- there are two cases filed there, so it's a total  
8 of 700 hours of deposition testimony that they're  
9 expecting to take from Government witnesses.

10 THE COURT: Let me ask you this, Mr. Stump: Is  
11 this the only FCA case where the Government had to produce  
12 witnesses that would give that level of testimony?

13 MR. STUMP: Certainly not.

14 THE COURT: FCA cases by their nature are complex  
15 and expansive.

16 MR. STUMP: They can be.

17 THE COURT: Yeah.

18 MR. STUMP: Not necessarily all as expansive as  
19 this one. They don't all involve nationwide claims. They  
20 don't all involve every prescription written for every  
21 particular drug --

22 THE COURT: So, we can cut this off fairly  
23 quickly, and not just that it's -- I'm being dismissive of  
24 it, but I have specific questions and I think -- and I  
25 know you are trying to answer them. I also think you're

1 trying to characterize them, and that's fine. But the  
2 question -- but my specific question, and I think you have  
3 answered it, and let's just see if I can -- if we can cut  
4 to the chase and we can move on. The Government's  
5 investigation was more, for the most part, a collective  
6 investigation of all 11 cases that this Relator has filed.  
7 And in terms of the specific investigation that the  
8 Government conducted in this case as it relates to a  
9 cost-benefit analysis, in other words, an assessment as to  
10 what this case would cost the Government versus what the  
11 potential recovery would be in this case, there was no  
12 specific analysis done on that basis.

13 MR. STUMP: I think that's correct, Your Honor.

14 THE COURT: Okay. Then you have answered my  
15 question.

16 MR. STUMP: I --

17 THE COURT: You have answered my question.

18           The other question I have on this is: In terms of  
19   the Government's position that they would be, as part of  
20   that cost in terms of finances and resources, that the  
21   Government would be required to respond to substantial  
22   discovery in this case if it were to move forward, you  
23   mentioned that the Government would be required, for  
24   instance, to produce Government witnesses for deposition.

25 Now, based on the allegations of this case, where

1 || a case we felt like we needed to take on.

2 THE COURT: And it's fair to say, it's not one  
3 that you would not take on if the potential for recovery  
4 were substantial for the Government.

5 MR. STUMP: Not just in terms of -- yes, not just  
6 in terms of dollar amounts, but also in terms of the  
7 likelihood of success --

8 THE COURT: And you don't -- but you have no idea,  
9 you have not assessed the potential dollar amount in this  
10 case. In this case.

11 MR. STUMP: And that's exactly my point, Your  
12 Honor, is that --

13 THE COURT: Answer my question, Mr. Stump, because  
14 this is about my point now. We -- you know, because I'm  
15 going to wrap this up. I'm asking you, specifically, the  
16 Government has not assessed the potential recovery value  
17 of the claims in this specific case --

18 MR. STUMP: we didn't --

19 THE COURT: -- is that correct?

20 MR. STUMP: We did not calculate a number.

21 THE COURT: Thank you.

22 MR. STUMP: But I can look at --

23 THE COURT: Mr. Stump --

24 MR. STUMP: -- the number of claims --

25 THE COURT: Mr. Stump, we're not -- you and I are

# EXHIBIT 2

## Transcript Excerpt(s)

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
TEXARKANA DIVISION

UNITED STATES OF AMERICA, ) (  
ET AL ) ( CIVIL DOCKET NO.  
 ) ( 5:17-CV-123-RWS-CMC  
VS. ) ( TEXARKANA, TEXAS  
 ) (  
ELI LILLY & COMPANY, INC., ) (  
ET AL ) ( APRIL 24, 2019

MOTIONS HEARING  
BEFORE THE HONORABLE CAROLINE CRAVEN  
UNITED STATES MAGISTRATE JUDGE

APPEARANCES:

FOR THE PLAINTIFF: (See sign-in sheets docketed in  
minutes of this hearing.)

FOR THE DEFENDANT: (See sign-in sheets docketed in  
minutes of this hearing.)

COURT REPORTER: Ms. Tammy L. Goolsby, CSR

Proceedings taken by Machine Stenotype; transcript was  
produced by a Computer

I N D E X

APRIL 24, 2019:

PAGE

Appearances

1

Hearing

3

Court Reporter's Certificate

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1 based on one person from their law firm in the meeting that  
2 we just didn't understand. No, that's not the answer. It  
3 just goes to show that there was considered decision making  
4 based on consultation with the relator, internal policy  
5 discussions with our client agency, and review of the  
6 documents.

7 The -- the Government and the attorneys  
8 involved in this, this is what they do. We have a particular  
9 expertise in this, and simply because a question was asked  
10 doesn't mean we didn't understand. No different than if a  
11 Court asks a question during argument. It doesn't mean you  
12 don't understand a substantive area of law. You have a  
13 reason to ask that question, just like the attorneys ask  
14 questions for purposes in those meetings.

15 And I want to touch a bit on the animus issue,  
16 Your Honor, because this isn't clear in the briefing, and  
17 there's a lot of citation to the Southern District of  
18 Illinois that somehow the Government's decision here is just  
19 animus. I think that we now have a hate relationship with  
20 Mr. Mininno or something to that effect.

21 That's not true, Your Honor. Frankly I -- I  
22 love whistleblowers. If I didn't have whistleblowers, I  
23 wouldn't have a job. They keep me employed. They keep me in  
24 cases, and we applaud Mr. Mininno for bringing cases, and we  
25 hope he continues to bring cases.

1 As they mentioned and as we made clear on the  
2 papers, there have been a number of cases brought by his  
3 organizations that have gone forward that have either allowed  
4 the Government to intervene and obtain a verdict or maybe a  
5 decline case where he's able to get a settlement.

6 And that goes to show we're not -- it's  
7 nothing against Mr. Mininno. This is not a referendum on  
8 corporate relators or on his investigation methods. It  
9 simply shows that these are not the right cases, that we have  
10 evaluated these cases and determined they shouldn't go  
11 forward.

12 And we hope he continues to do investigations.  
13 We hope he continues to look for cases and files cases, but,  
14 Your Honor, they have to be the right cases, and every case  
15 that -- whether it's Mr. Mininno or an insider from a home  
16 health agency or somebody from a pharmaceutical company comes  
17 in, the Government is going to go through the same process.

18 We're going to evaluate the evidence they  
19 bring in. We're going to consult with the experts on this  
20 and determine whether it is a case that should go forward,  
21 and if it's not -- if it's not the right case, then we're  
22 going to be in the same position we are today. It doesn't  
23 mean there's animus.

24 There's some discussion of law of the case. I  
25 think -- you know, I would like to touch on that just a

# EXHIBIT 3



See more at [VITAL SIGNS](#)

[DONATE](#)

## Prescriber Checkup

The Doctors and Drugs in Medicare Part D

[Prescriber Checkup](#) » [BRILINTA](#)

# BRILINTA

*TICAGRELOR*

Used along with aspirin to prevent serious or life-threatening problems with the heart and blood vessels in people who have had a heart attack or severe chest pain.

Source: [National Library of Medicine](#)

### Search for a Prescriber, City or Zip Code

For example: [Mark Smith, Chicago, 11216](#)

[Read our Guide](#) | [About This Data](#) | [Related Story »](#)

### At a Glance: This Drug in 2014

**249K**

Medicare Part D Claims

Rank: 481 of 3362

**\$75.1M**

Retail Cost

Rank: 303 of 3362

**58,858**

Patients

Rank: 509 of 3362

**35,041**

Prescribers

Rank: 477 of 3362

### This Drug's History

#### Claims

The number of Medicare prescriptions for this drug each year



#### Spending

The total Part D spending on this drug each year



#### Average Patient Cost

Average amount that patients without a low-income subsidy paid each year.



Note: While the rest of this page displays data from 2014, the charts above display data through 2015, from a special release by the Centers for Medicare and Medicaid Services.



































### Use by state







State	Patients	Claims	Cost
<a href="#">Florida</a>	6,086	23,849	\$7.31M
<a href="#">New York</a>	4,526	19,415	\$6.18M
<a href="#">Texas</a>	4,650	19,087	\$5.7M
<a href="#">California</a>	4,302	18,600	\$5.51M
<a href="#">Pennsylvania</a>	2,907	11,966	\$3.64M
<a href="#">New Jersey</a>	2,878	11,294	\$3.82M
<a href="#">Ohio</a>	2,740	11,010	\$3.41M

### Top prescribers for BRILINTA

1 [2](#) [3](#) [4](#) [5](#) ... [Next »](#) [Last »](#)

Provider	Medicare Claims	City	State
<a href="#">JAMES LIU M.D.</a> <a href="#">Cardiovascular Disease</a>	399	<a href="#">SAN GABRIEL</a>	<a href="#">California</a>
<a href="#">HENRY YEE MD</a> <a href="#">Cardiovascular Disease</a>	332	<a href="#">ALHAMBRA</a>	<a href="#">California</a>

State	Patients	Claims	Cost	Provider	Medicare Claims	City	State
 North Carolina	2,502	10,951	\$3.08M	<b>YILI HUANG D.O</b> Cardiovascular Disease	305	<b>NEW YORK</b>	<b>New York</b>
 Illinois	2,248	9,372	\$2.93M				
 Georgia	2,216	9,359	\$2.65M	<b>WILLIAM HEATON MD</b> Cardiovascular Disease	296	<b>FLORENCE</b>	<b>Alabama</b>
 Michigan	2,469	8,652	\$2.91M				
 Tennessee	1,846	7,530	\$2.22M	<b>ALAND FERNANDEZ MD</b> Interventional Cardiology	293	<b>CLEARWATER</b>	<b>Florida</b>
 Missouri	1,499	6,196	\$1.74M				
 Indiana	1,392	5,716	\$1.69M	<b>AVICHAH ERES MD FACC FSCAI FFSVM</b> Interventional Cardiology	279	<b>LEXINGTON</b>	<b>Kentucky</b>
 Kentucky	1,367	5,711	\$1.62M				
 Alabama	1,316	5,511	\$1.54M	<b>ELISCIER GUZMAN MD</b> Cardiovascular Disease	261	<b>NEW YORK</b>	<b>New York</b>
 Louisiana	1,154	5,230	\$1.41M				
 Virginia	1,173	4,848	\$1.44M	<b>ROBERTO SOLIS M.D.</b> Cardiovascular Disease	247	<b>LUBBOCK</b>	<b>Texas</b>
 Arizona	1,308	4,715	\$1.5M				
 South Carolina	1,082	4,539	\$1.27M	<b>ARJUMAND HASHMI M.D.</b> Cardiovascular Disease	246	<b>PARIS</b>	<b>Texas</b>
 Arkansas	890	3,974	\$1.07M				
 Wisconsin	845	3,687	\$1.1M	<b>JAPHET JOSEPH M.D.</b> Cardiovascular Disease	223	<b>BAY CITY</b>	<b>Michigan</b>
 Oklahoma	803	3,248	\$925K				
 Mississippi	767	3,118	\$821K	<b>JEFFREY CARR MD</b> Interventional Cardiology	222	<b>TYLER</b>	<b>Texas</b>
 West Virginia	645	3,045	\$878K				
 Connecticut	582	2,378	\$756K	<b>ERNESTO RIVERA M.D.</b> Cardiovascular Disease	220	<b>AMARILLO</b>	<b>Texas</b>
 Iowa	536	2,132	\$585K				
 Kansas	511	2,116	\$566K	<b>ERIC CARLSON M.D.</b> Interventional Cardiology	215	<b>GREENVILLE</b>	<b>North Carolina</b>
 Massachusetts	548	2,055	\$670K				
 Minnesota	472	1,888	\$593K	<b>ROHIT AMIN MD</b> Cardiovascular Disease	212	<b>PENSACOLA</b>	<b>Florida</b>
 Maryland	516	1,756	\$605K				
 Nevada	493	1,640	\$521K	<b>DON LEE M.D.</b> Interventional Cardiology	206	<b>GLENDALE</b>	<b>California</b>
 Colorado	413	1,411	\$459K				
 Washington	412	1,336	\$414K	<b>NASSER TEHRANI MD</b> Interventional Cardiology	205	<b>PERRY</b>	<b>Georgia</b>
 Nebraska	270	1,156	\$303K				
 Delaware	289	1,050	\$379K	<b>MARY BLADE ARNP</b> Nurse Practitioner	190	<b>JACKSONVILLE</b>	<b>Florida</b>
 Utah	256	961	\$283K				
 Oregon	267	951	\$283K	<b>HENRY LUI M.D.</b> Interventional Cardiology	189	<b>JACKSON</b>	<b>Tennessee</b>
 North Dakota	207	786	\$232K				
 South Dakota	162	717	\$204K	<b>DANIEL LEE MD</b> Interventional Cardiology	189	<b>SAGINAW</b>	<b>Michigan</b>
 New Hampshire	173	686	\$198K				
 New Mexico	199	683	\$219K	<b>YONG LIANG M.D.</b> Family Medicine	188	<b>LOS ANGELES</b>	<b>California</b>
 Hawaii	156	582	\$184K				
 Montana	101	454	\$128K	<b>JODI BATES ANP-C,FNP</b>		<b>ELMIRA</b>	<b>New York</b>
 District of Columbia	138	426	\$111K				

State	Patients	Claims	Cost
 <a href="#">Maine</a>	102	373	\$124K
 <a href="#">Rhode Island</a>	79	354	\$96K
 <a href="#">Vermont</a>	90	326	\$106K
 <a href="#">Idaho</a>	85	297	\$85.1K
 <a href="#">Wyoming</a>	52	158	\$48.2K
 <a href="#">Alaska</a>	33	109	\$34.4K

**About This Data**

Prescribing data from Medicare's prescription drug benefit, known as Part D, was compiled and released by the Centers for Medicare and Medicaid Services, the federal agency that oversees the program. The data for 2014 includes more than 1.4 billion prescriptions written by more than 1.3 million doctors, nurses and other providers. This database lists about 428,000 of those providers who wrote 50 or more prescriptions for at least one drug that year. Almost three-fourths of these prescriptions went to patients 65 and older; the rest were for disabled patients. [Methodology »](#)

**Incorrect Info?**

If you are a provider and you believe your address is incorrect, check the listing you created on the [National Provider Identifier registry](#). If you change your listing, send a note to [checkup@propublica.org](mailto:checkup@propublica.org) and we will update your information. If you have other questions about this data, send a note to [checkup@propublica.org](mailto:checkup@propublica.org).

Provider	Medicare Claims	City	State
<a href="#">Nurse Practitioner, Family</a>	188		
<a href="#">DONALD VOELKER MD Interventional Cardiology</a>	181	<a href="#">EL DORADO</a>	<a href="#">Arkansas</a>
<a href="#">SINGH BOUN MD Family Medicine</a>	181	<a href="#">MONTEREY PARK</a>	<a href="#">California</a>
<a href="#">GARY OLSON M.D. Cardiovascular Disease</a>	179	<a href="#">DALTON</a>	<a href="#">Georgia</a>
<a href="#">ILDEFONSO MAS MD Cardiovascular Disease</a>	176	<a href="#">MIAMI</a>	<a href="#">Florida</a>

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## Prescriber Checkup

The Doctors and Drugs in Medicare Part D

[Prescriber Checkup](#) » BYDUREON

# BYDUREON

EXENATIDE MICROSPHERES

Byetta (Exenatide) is a medication for diabetes. It stimulates your body to produce and release more insulin, lower the sugar hormone (glucagon), and slow down digestion. *Source: [Iodine](#) \**

\* This description is for related drug Byetta

## Search for a Prescriber, City or Zip Code

For example: [Mark Smith, Chicago, 11216](#)

[Read our Guide](#) | [About This Data](#) | [Related Story »](#)

## At a Glance: This Drug in 2014

**180K**

Medicare Part D Claims

Rank: 554 of 3362

**\$98.6M**

Retail Cost

Rank: 241 of 3362

**37,772**

Patients

Rank: 606 of 3362

**20,486**

Prescribers

Rank: 611 of 3362

More info on related drug [Byetta](#) »

Information courtesy of

**100%** of people say  
IT'S WORTH IT

**100%** of people say  
IT WORKED WELL

### Alternatives:

[Bydureon](#), [Insulin](#), [Pramlintide](#)

## This Drug's History

### Claims

The number of Medicare prescriptions for this drug each year



### Spending

The total Part D spending on this drug each year



### Average Patient Cost

Average amount that patients without a low-income subsidy paid each year.



Note: While the rest of this page displays data from 2014, the charts above display data through 2015, from a special release by the Centers for Medicare and Medicaid Services.


























## Use by state

State	Patients	Claims	Cost
California	3,569	18,212	\$9.58M
New York	3,055	15,034	\$8.55M
Texas	3,281	14,185	\$7.75M











## Top prescribers for BYDUREON

1 [2](#) [3](#) [4](#) [5](#) ... [Next »](#) [Last »](#)

Provider	Medicare Claims	City	State
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State	Patients	Claims	Cost	Provider	Medicare Claims	City	State
 Florida	2,773	11,886	\$6.72M	SANDEEP SODHI MD Endocrinology, Diabetes Metabolism	638	RIVERSIDE	California
 Ohio	2,138	10,110	\$5.92M				
 Pennsylvania	1,620	7,967	\$4.41M				
 Michigan	1,803	7,799	\$5.09M	IRINA URUSOVA MD Endocrinology, Diabetes Metabolism	547	LOS ANGELES	California
 North Carolina	1,374	6,653	\$3.34M				
 Tennessee	1,471	6,628	\$3.48M	THOMAS SARGERIO MD Internal Medicine	358	HAMILTON	Ohio
 Indiana	1,313	6,166	\$3.38M				
 Missouri	1,008	5,243	\$2.71M	MATIN SHARAFATKHAH M.D Endocrinology, Diabetes Metabolism	349	BROOKLYN	New York
 New Jersey	1,149	5,214	\$3.18M				
 Kentucky	1,090	4,882	\$2.67M	JAMES CHAPPELL MD Specialist	299	DENVER	Colorado
 Georgia	1,002	4,769	\$2.44M				
 Illinois	993	4,609	\$2.58M	MARCELO BENDIX MD Endocrinology, Diabetes Metabolism	272	MIAMI	Florida
 Louisiana	790	3,779	\$1.87M				
 Alabama	797	3,581	\$1.81M	ARMINE NAZARYAN M.D. Family Medicine	258	GLENDALE	California
 South Carolina	745	3,468	\$1.81M				
 Arizona	632	2,749	\$1.58M	ELENA CHRISTOFIDES MD, FACE Endocrinology, Diabetes Metabolism	250	COLUMBUS	Ohio
 Minnesota	507	2,671	\$1.46M				
 Virginia	554	2,520	\$1.4M	JOHN FRITZ DO Family Medicine	237	JERSEY CITY	New Jersey
 Massachusetts	469	2,370	\$1.28M				
 Oregon	382	2,143	\$1.09M	JONATHAN WISE MD Endocrinology, Diabetes Metabolism	237	METAIRIE	Louisiana
 Washington	385	1,833	\$1.01M				
 Wisconsin	335	1,802	\$922K	FIRAS AKHRASS MD Endocrinology, Diabetes Metabolism	236	SAN ANTONIO	Texas
 Maryland	421	1,772	\$1.14M				
 West Virginia	397	1,676	\$923K	SHELDON NASSBERG M.D., F.A.C.E. Endocrinology, Diabetes Metabolism	233	FORT LAUDERDALE	Florida
 Oklahoma	385	1,672	\$917K				
 Iowa	303	1,632	\$810K	JASLEEN DUGGAL M.D. Specialist	215	BAKERSFIELD	California
 Kansas	318	1,609	\$814K				
 Colorado	277	1,253	\$753K	VICTOR PERKEL M.D. Endocrinology, Diabetes Metabolism	210	REDLANDS	California
 Mississippi	272	1,224	\$593K				
 Nevada	273	1,214	\$730K	SHAHED QUYYUMI MD Endocrinology, Diabetes Metabolism	206	STATEN ISLAND	New York
 Nebraska	216	1,125	\$544K				
 New Mexico	210	1,103	\$586K		201	FOREST HILLS	New York
 Connecticut	235	1,088	\$617K				
 Arkansas	221	933	\$475K				
 Hawaii	158	889	\$468K				
 Utah	195	865	\$449K				
 Idaho	173	861	\$446K				
 Maine	162	790	\$436K				



State	Patients	Claims	Cost
 <a href="#">Montana</a>	129	582	\$318K
 <a href="#">South Dakota</a>	106	556	\$264K
 <a href="#">North Dakota</a>	73	441	\$210K
 <a href="#">New Hampshire</a>	95	396	\$224K
 <a href="#">Delaware</a>	95	320	\$233K
 <a href="#">Wyoming</a>	56	268	\$130K
 <a href="#">Rhode Island</a>	37	211	\$96.9K
 <a href="#">Alaska</a>	28	133	\$66.4K
 <a href="#">District of Columbia</a>	25	105	\$64.5K
 <a href="#">Vermont</a>	33	\$20.3K	

**About This Data**

Prescribing data from Medicare's prescription drug benefit, known as Part D, was compiled and released by the Centers for Medicare and Medicaid Services, the federal agency that oversees the program. The data for 2014 includes more than 1.4 billion prescriptions written by more than 1.3 million doctors, nurses and other providers. This database lists about 428,000 of those providers who wrote 50 or more prescriptions for at least one drug that year. Almost three-fourths of these prescriptions went to patients 65 and older; the rest were for disabled patients. [Methodology »](#)

**Incorrect Info?**

If you are a provider and you believe your address is incorrect, check the listing you created on the [National Provider Identifier registry](#). If you change your listing, send a note to [checkup@propublica.org](mailto:checkup@propublica.org) and we will update your information. If you have other questions about this data, send a note to [checkup@propublica.org](mailto:checkup@propublica.org).

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Provider	Medicare Claims	City	State
<a href="#">STELLA ILYAYEVA PHYSICIAN, P.C.</a> Endocrinology, Diabetes Metabolism			
<a href="#">GERALDO SAAVEDRA M.D.</a> Endocrinology, Diabetes Metabolism	200	<a href="#">WHITEHALL</a>	<a href="#">Pennsylvania</a>
<a href="#">SAMUEL ROMERO-RAMOS M.D.</a> Internal Medicine	197	<a href="#">EL PASO</a>	<a href="#">Texas</a>
<a href="#">KAVEH EHSANIPOOR MD</a> Endocrinology, Diabetes Metabolism	196	<a href="#">SAVANNAH</a>	<a href="#">Georgia</a>
<a href="#">HERNAN BAQUERIZO M.D.</a> Endocrinology, Diabetes Metabolism	193	<a href="#">MIAMI</a>	<a href="#">Florida</a>
<a href="#">ROBERT BUSCH M.D.</a> Endocrinology, Diabetes Metabolism	191	<a href="#">ALBANY</a>	<a href="#">New York</a>
<a href="#">ISAIAH PITTMAN MD</a> Endocrinology, Diabetes Metabolism	189	<a href="#">TERRE HAUTE</a>	<a href="#">Indiana</a>
<a href="#">MICHAEL LAI MD</a> Endocrinology, Diabetes Metabolism	187	<a href="#">SANTA MARIA</a>	<a href="#">California</a>
<a href="#">LUIS QUINTERO MD</a> Specialist	180	<a href="#">CORAL GABLES</a>	<a href="#">Florida</a>
<a href="#">LAN NGUYEN MD</a> Endocrinology, Diabetes Metabolism	177	<a href="#">WESTMINSTER</a>	<a href="#">California</a>



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## Prescriber Checkup

The Doctors and Drugs in Medicare Part D

[Prescriber Checkup](#) » SYMBICORT

# SYMBICORT

BUDESONIDE/FORMOTEROL FUMARATE

Symbicort (Budesonide / Formoterol) is a combination medicine. Budesonide (a corticosteroid) lowers lung inflammation to control asthma and COPD. Formoterol (a bronchodilator) relaxes muscles in your lungs to open airways and make breathing easier. *Source: [Iodine](#)*

### Search for a Prescriber, City or Zip Code

For example: [Mark Smith, Chicago, 11216](#)

[Read our Guide](#) | [About This Data](#) | [Related Story »](#)

### At a Glance: This Drug in 2014

**3.15M**  
Medicare Part D Claims  
Rank: 101 of 3362

**\$942M**  
Retail Cost  
Rank: 22 of 3362

**826,585**  
Patients  
Rank: 104 of 3362

**206,846**  
Prescribers  
Rank: 104 of 3362

More info on [SYMBICORT](#) »

**57%** of people say  
IT'S WORTH IT

**38%** of people say  
IT WORKED WELL

**14%** of people say  
IT'S A HUGE HASSLE

Information courtesy of

#### Alternatives:

[Advair](#), [Atrovent](#), [Combivent](#), [Daliresp](#),  
[Dulera](#), [Spiriva](#), [Theolair](#), [Theo-24](#)

### This Drug's History

#### Claims

The number of Medicare prescriptions for this drug each year



#### Spending

The total Part D spending on this drug each year



#### Average Patient Cost

Average amount that patients without a low-income subsidy paid each year.



Note: While the rest of this page displays data from 2014, the charts above display data through 2015, from a special release by the Centers for Medicare and Medicaid Services.






### Use by state











State	Patients	Claims	Cost
<a href="#">Florida</a>	73,726	271,022	\$80.6M
<a href="#">New York</a>	61,761	238,263	\$70.7M
<a href="#">California</a>	60,668	223,657	\$64.9M

### Top prescribers for SYMBICORT

1 [2](#) [3](#) [4](#) [5](#) ... [Next >](#) [Last »](#)

Provider	Medicare Claims	City	State
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State	Patients	Claims	Cost	Provider	Medicare Claims	City	State
 <a href="#">Texas</a>	60,029	196,282	\$60.9M	<a href="#">JORGE SANCHEZ-MASQUES MD</a> <a href="#">Pulmonary Disease</a>	2,515	<a href="#">MIAMI</a>	<a href="#">Florida</a>
 <a href="#">Ohio</a>	42,166	158,310	\$48.9M				
 <a href="#">Illinois</a>	36,311	136,310	\$41.3M				
 <a href="#">Pennsylvania</a>	35,219	133,642	\$39.7M	<a href="#">JORGE CASTELLANOS M.D.</a> <a href="#">Specialist</a>	1,845	<a href="#">HIALEAH</a>	<a href="#">Florida</a>
 <a href="#">North Carolina</a>	33,454	131,561	\$37.5M				
 <a href="#">Michigan</a>	34,266	122,863	\$40.1M	<a href="#">BORIS SAGALOVICH MD</a> <a href="#">Pulmonary Disease</a>	1,435	<a href="#">BROOKLYN</a>	<a href="#">New York</a>
 <a href="#">Missouri</a>	24,933	99,268	\$28.5M				
 <a href="#">Georgia</a>	24,256	89,968	\$25.7M	<a href="#">JEFFERY MCCARTNEY M.D.</a> <a href="#">Pulmonary Disease</a>	1,293	<a href="#">JACKSON</a>	<a href="#">Tennessee</a>
 <a href="#">Tennessee</a>	24,184	89,520	\$26.5M				
 <a href="#">Kentucky</a>	23,613	89,036	\$26M	<a href="#">HUAN LE M.D.</a> <a href="#">Pulmonary Disease</a>	1,168	<a href="#">SAN DIEGO</a>	<a href="#">California</a>
 <a href="#">Indiana</a>	20,529	74,971	\$23.6M				
 <a href="#">New Jersey</a>	20,943	74,082	\$22.9M	<a href="#">ANDRES REDONDO MD</a> <a href="#">Pulmonary Disease</a>	1,113	<a href="#">MIAMI</a>	<a href="#">Florida</a>
 <a href="#">Massachusetts</a>	17,464	69,809	\$21M				
 <a href="#">Virginia</a>	18,049	66,654	\$20.1M	<a href="#">ERNESTO MEJIA MD</a> <a href="#">Pulmonary Disease</a>	1,083	<a href="#">MORRISTOWN</a>	<a href="#">Tennessee</a>
 <a href="#">South Carolina</a>	17,494	64,915	\$19.3M				
 <a href="#">Wisconsin</a>	13,654	53,576	\$16.1M	<a href="#">KENNETH SHA M.D.</a> <a href="#">Pulmonary Disease</a>	880	<a href="#">FLUSHING</a>	<a href="#">New York</a>
 <a href="#">Alabama</a>	13,308	49,212	\$14.5M				
 <a href="#">Arizona</a>	13,476	46,884	\$14.8M	<a href="#">MARIO MAGCALAS MD</a> <a href="#">Pulmonary Disease</a>	856	<a href="#">PEMBROKE PINES</a>	<a href="#">Florida</a>
 <a href="#">Minnesota</a>	10,032	40,266	\$12.3M				
 <a href="#">Colorado</a>	10,475	39,319	\$12M	<a href="#">FRANCIS LEE MD</a> <a href="#">Pulmonary Disease</a>	848	<a href="#">BELPRE</a>	<a href="#">Ohio</a>
 <a href="#">Oklahoma</a>	10,317	39,256	\$11.6M				
 <a href="#">Arkansas</a>	9,607	39,247	\$11.1M	<a href="#">ROBERTO BERMUDEZ MD</a> <a href="#">Family Medicine</a>	798	<a href="#">NARANJA</a>	<a href="#">Florida</a>
 <a href="#">Louisiana</a>	10,622	38,567	\$11.1M				
 <a href="#">Connecticut</a>	9,949	36,837	\$11.3M	<a href="#">JUAN ACEVEDO-CRESPO M.D.</a> <a href="#">Pulmonary Disease</a>	791	<a href="#">CORAL GABLES</a>	<a href="#">Florida</a>
 <a href="#">Mississippi</a>	9,540	35,688	\$9.91M				
 <a href="#">Maryland</a>	10,818	35,567	\$11.7M	<a href="#">MOHAMMAD-ALI EL-HARAKEH MD</a> <a href="#">Critical Care Medicine</a>	775	<a href="#">PRESCOTT</a>	<a href="#">Arizona</a>
 <a href="#">Washington</a>	8,916	34,184	\$10.1M				
 <a href="#">Iowa</a>	7,984	34,019	\$9.52M	<a href="#">ABDULLAH ARSHAD MD</a> <a href="#">Internal Medicine</a>	769	<a href="#">HAYTI</a>	<a href="#">Missouri</a>
 <a href="#">West Virginia</a>	8,849	34,000	\$9.93M				
 <a href="#">Kansas</a>	7,752	30,289	\$8.79M				
 <a href="#">Nevada</a>	7,131	26,180	\$8.03M	<a href="#">VISHNU PATEL MD</a> <a href="#">Pulmonary Disease</a>	714	<a href="#">PRINCETON</a>	<a href="#">West Virginia</a>
 <a href="#">Nebraska</a>	6,364	24,916	\$7.1M				
 <a href="#">Oregon</a>	6,226	24,137	\$7.02M	<a href="#">MICHAEL DIMEO MD</a> <a href="#">Pulmonary Disease</a>	712	<a href="#">OAK RIDGE</a>	<a href="#">Tennessee</a>
 <a href="#">New Mexico</a>	5,035	18,662	\$5.62M				
 <a href="#">Maine</a>	4,350	16,364	\$5.23M	<a href="#">ALI EL ATAT M.D.</a> <a href="#">Pulmonary Disease</a>	674	<a href="#">BROOKLYN</a>	<a href="#">New York</a>
 <a href="#">Rhode Island</a>	2,984	12,871	\$3.6M				
 <a href="#">New Hampshire</a>	3,336	12,437	\$3.87M	<a href="#">ZULFIQAR AHMED MD</a> <a href="#">Internal Medicine</a>	673	<a href="#">GLENDALE</a>	<a href="#">California</a>
 <a href="#">Idaho</a>	2,930	11,409	\$3.36M				

State	Patients	Claims	Cost
 <a href="#">Utah</a>	3,205	10,578	\$3.22M
 <a href="#">Montana</a>	2,396	9,690	\$2.86M
 <a href="#">North Dakota</a>	2,120	9,233	\$2.64M
 <a href="#">Delaware</a>	2,708	8,934	\$3.24M
 <a href="#">Hawaii</a>	2,497	8,688	\$2.65M
 <a href="#">South Dakota</a>	1,838	7,470	\$2.16M
 <a href="#">Vermont</a>	1,869	6,679	\$2.13M
 <a href="#">Wyoming</a>	1,119	4,349	\$1.3M
 <a href="#">District of Columbia</a>	1,000	3,257	\$960K
 <a href="#">Alaska</a>	771	2,754	\$842K

**About This Data**

Prescribing data from Medicare's prescription drug benefit, known as Part D, was compiled and released by the Centers for Medicare and Medicaid Services, the federal agency that oversees the program. The data for 2014 includes more than 1.4 billion prescriptions written by more than 1.3 million doctors, nurses and other providers. This database lists about 428,000 of those providers who wrote 50 or more prescriptions for at least one drug that year. Almost three-fourths of these prescriptions went to patients 65 and older; the rest were for disabled patients.

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Provider	Medicare Claims	City	State
<a href="#">JOSEPH GRIZZANTI DO</a>	661	<a href="#">HAWTHORNE</a>	<a href="#">New Jersey</a>
<a href="#">THEODORE MCLEMORE M.D. PH.D</a> <a href="#">Critical Care Medicine</a>	658	<a href="#">PARIS</a>	<a href="#">Texas</a>
<a href="#">JEFFREY HARRIS M.D.</a> <a href="#">Pulmonary Disease</a>	646	<a href="#">SAINT LOUIS</a>	<a href="#">Missouri</a>
<a href="#">ARUN ADLAKHA M.D.</a> <a href="#">Pulmonary Disease</a>	646	<a href="#">ROCK HILL</a>	<a href="#">South Carolina</a>
<a href="#">OLUSEGUN OSENI MD, FCCP</a> <a href="#">Pulmonary Disease</a>	635	<a href="#">WEATHERFORD</a>	<a href="#">Texas</a>
<a href="#">FATEH AHMED MD</a> <a href="#">Pulmonary Disease</a>	628	<a href="#">TOLEDO</a>	<a href="#">Ohio</a>
<a href="#">FERNANDO MARTINEZ CATINCHI M.D.</a> <a href="#">Specialist</a>	620	<a href="#">HIALEAH</a>	<a href="#">Florida</a>

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